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**Message:**

In re Application )

Inventors: Jonathan W. Nyce )

Application No.: 09/543,679 )

Filed: April 4, 2000 )

Title: Low Adenosine Anti-Sense Oligonucleotide,  
Compositions, Kit & Method For Treatment  
Of Airway Disorders Associated With  
Bronchoconstriction, Lung Inflammation,  
Allergy(ies) & Surfactant Depletion )

Confirmation No.: 6742

Art Unit: 1635

Examiner: EPPS-FORD, Janet L.

Customer No. 021971

Ref: 30775-705.201

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Location: FH 1-2

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Document11 (817)

PAGE 1/17 \* RCVD AT 6/14/2004 3:40:17 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/2 \* DNIS:8729306 \* CSID:650 493 6811 \* DURATION (mm-ss):05-42

PTO/SB/21 (02-04)


Approved for use through 07/31/2006. OMB 0651-0031


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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/543,679	
	Filing Date	April 4, 2000	
	First Named Inventor	Jonathan W. Nyce	
	Art Unit	1635	
	Confirmation No.	6742	
	Examiner Name	EPPS, Janet L.	
Total Number of Pages in This Submission	16	Attorney Docket Number	30775-705.201

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Supplemental Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual name	Albert P. Halluin, Reg. No. 25,227, WILSON SONSINI GOODRICH & ROSATI
Signature	
Date	June 14, 2004

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**PATENT**  
**Attorney Docket No. 30775-705.201**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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Of Airway Disorders Associated With	)	
Bronchoconstriction, Lung Inflammation,	)	
<u>Allergy(ies) &amp; Surfactant Depletion</u>	)	

**SUPPLEMENTAL RESPONSE TO OFFICE ACTION**

Mail Stop Amendment  
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**Introductory Comments:**

This Supplemental Response is in response to the Office Action dated February 11, 2004, and is being submitted to supplement the Response of April 13, 2004. The Examiner is respectfully requested to reconsider the application.

**Amendments to the Claims** are reflected in the listing of claims that begins on page 2 of this paper.  
**Remarks/Arguments** begin on page 7 of this paper